ໝໍ

state Very SIGIANS should occupation is RECORD statement PERMANENT EXACTLY. classified. be P properly AGE pe UNFADING may certificate. that 80 ō back terms, pialn instructions _ of Inform DEATH WRITE OF Item Every Item CAUSE OF Important. m ż

15

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County... Registration Dist. No... [It death occurred la Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDDWED, (Mont (Day ORDIVERCED (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day,....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs, ____ ds

Where was disease contracted. If not at place of death?

Former or

usuai residence. 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Forcman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) "Contributory." is less defluite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of



V. S. No. 1.

ż

		nould state
	RECORD	PHYSICIANS SI
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.		Every CAUS Impor

4869

1 PLACE OF DEATH

. 191.4

STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Co	unty Forchesler	Registration Dist, No. 1/6
Vill	age or City Mambridge (No.222,	Mard) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED. ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That i attended deceased from
6 D	(Month) (Day (Year)	that I last saw h has alive on hays 191 4
(a)	Johnson I day,hrs. or ds. or ficular kind of work.	and that death occurred on the date stated above, at 4.30 m The CAUSE OF DEATH* was as follows: When seen patient two in Comp I wife from high that he Chronic Myhnetin
bus	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Secondary
ENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 Nowwen	(Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
PAR	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOSICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTA OR RECENT RESIDENTS) Af place in the ot death yrs mos ds. Where was disease confracted,
	(Informant) Jerome Busley (Address) 222 Washington St. City	former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Cambalas Md Mars 3, 181/6.

E. Wolff REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

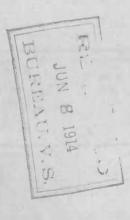
20 UNDERTAKER

[Approved by U. S. Consus and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of ago. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menlugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-besis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerpenal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As ample: Measles affection need not be stated unless important. etc. The contributory (secondary or intercurrent) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 "Exhaustion," Never report probably



vi

ż

Village or City Cambudg (No	Registration Dist. No. //6 St.; Ward) [If death occurred in a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color or race Single, MARRIED, Single Widowed, Songle ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from the company of the
(Month) (Day (Year) 7 AGE (Month) (Day (Year) 1 LESS that f day,hrs ORmin.?	and that double occurred out the date stated about at
(b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE* (State or country) **Cambudan - Mm/	Contributory Secondary
of Hather Harmy Company 11 BIRTHPLACE OF FATHER (State or country) Lorcheste, Co. May 12 Maiden NAME Margul- Thomps 13 BIRTHPLACE OF MOTHER OF MOTHER	(Signed) (Signe
(State or country) at Messace	of deathyrsmosds. Stateyrsmos Where was disease contracted, If not at place of death? Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhanstion," Never report cause for



No. 1.

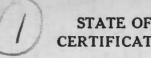
. S.

m

ż

15

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD properly classified. AGE carefully supplied. that it may See Instructions on back of plain of information Ë DEATH WRITE CAUSE OF Important. PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1/6

 St.	;	W	ard
 	,		

[It death occurred to a hospital or institution,

ADDRESS

	FULL NAME John 6	ann of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
=	Male While Widowed, Kuson or Divorced (Write the word)	16 DATE OF DEATH May (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
• D	(Month) (Day (Year)	may 1 1914 to May 16 , 1914, that I last saw h/2 allve on May 15 , 1914
7 A	GE It LESS than 1 day,	and that death occurred on the date stated above, at 12,05 Pm. The CAUSE OF DEATH* was as follows: Syffind Fire
(a pa (b) bus wh	SCUPATION) Trade, protession, or Iricular kind of work) General nature of industry, siness, or establishment in lich employed (or employer) IRTHPLACE (State or country) Dont Know	(Duration) yrs mos 8 ds. Contributory mening Jis Secondary
ENTS	11 BIRTHPLACE OF FATHER (State or country) Dont	(Signed) — Gloc Corray . M. D. May 16 , 191 4 (Address) Cacally Med. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAREN	13 BIRTHPLACE OF MOTHER OF MOTHER (State of country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	TALL SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
	Komme bud a mill	19 BLACE OF BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

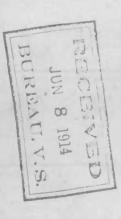
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of sknll, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. thre of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all discases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstion," Never report For vio-



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

V. S. No. 1.

CAUSE OF I

B ż 1 PLACE OF DEATH 4872 erchestoer



STATE OF MARYLAND CERTIFICATE OF DEATH

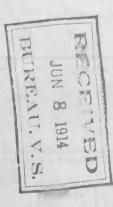
	Registration Dist. No
Village or Gity Canberidgeno 2FULL NAME Josuph C	St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Mout	16 DATE OF DEATH (Month) (Day (Year) 17
Bout Brown, 19 (Month) (Day (Year	53 april 15 191 410 may 2 8 191 84
7 AGE 1t LESS t 1 day, 1 day, 0 R 0 R 1 day 0 R	ITS. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	Bronchiaf Ostherng (Duration) = yrs. 2 ds.
9 BIRTHPLACE (State or country) 10 NAME OF	Gentributory Theraf ordering wat Clear Secondary (Duration) - yrs - mos 1 Dids.
TATHER THER THER	(Signed) (Address Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Pont, Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds
(Informant) Mola Rounds	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Camberdge not Filed May & 1914 Robt H Motthews Filed May & 1914 Robt H Motthews	20 UNDERTAKER BAJONE Camblidge Lines H Bajone Camblidge
II more manks are needed, address State R	egistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthevia (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic IENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection necd not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICH which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genitai," "Coliapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL, peritonitis," etc. State cause for "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; or wo "Dropsy," "Exhaustion," AL, or as probably For VIO-



à

0 ż

em of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP
Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS shou CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

state

P

3 SEX

TAGE

ARENT

15

BOCCUPATION (a) Trade, profession, or particular kind of work.

(b) General nature of industry,

business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

1 PLACE OF DEATH 4 Chestre

PERSONAL AND STATISTICAL PARTICULARS

(Mointh)

4 COLOROR RACE

6 SINGLE,

...mos.....

MARRIED,

WIDOWED, ORDIVORCED (Write the word).

(Dav

(Year)

If LESS tha

1 dayhr OR ?



20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dis	t. No/
	St.;Ward)	[If death occurred a hospital or instituti give its NAME inste of street and number
36		•
MEDICA	AL CERTIFICATE OF	DEATH
16 DATE OF DEATH	May	24,191
1/D A HERE	(Moroth)	(Day (Year attended deceased for
9 1 10/	. 1914 to 12	ug 24 th 191
and that death occurre		Jan 12 -3
The CAUSE OF DEATH		above, at.,
C C	1	
free !!	miste	1
Ó	(Duration)	vrs 2 mos 24
Contributory C	Dinhto	Desir
Secondary	1	8. 16
	(Duration)	yrs mont
(Signed) LUC	oynan	CHUCK, N
nay 24, 191	(Address)	bular
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, or HO	CAUSING DEATH, OF, EANS OF INJURY; an MICIDAL.	in deaths from Violad (2) whether Accin
18 LENGTH OF RESIDE	ENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIE
At place	In the	
where was disease contracte If not at place of death?	ed,	yrs, mos,
Former or usual residence	mnoccoccoccoccoccoccoccoccoccoccoccoccocc	
19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
Cam Solia	1-1 10-1	may 24, 191

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesse of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

See instructions on back of certificate.

15

Every Item of information should be carefully CAUSE OF DEATH in plain terms, so that it important. See instructions on back of certifical

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

RECORD

B. ż

PLACE OF DEATH 0,01,21



STATE OF MARYLAND CERTIFICATE OF DEATH

Cot	unty J C T CM D Love	Registration Dist, No. 1/4
Vill	lage or City Cambeidge (No.).	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ex 4 color or race 5 single, MARRIED, WIOOWED, ORDIVORCED (Write the word) Malu	16 DATE OF DEATH May 18, 1944. (Month) (Day (Year)
6 DI	(Month) (Day (Year)	that I last saw h Mallve on Fret 10 700, 1914
(a)	yrs mos ds. or howselfelee	and that death occurred on the date stated above, at 23st m The CAUSE OF DEATH* was as follows? Pulmonary Vachrocological
whi 9 B1	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country) Beck meck	Contributory Exchangity Secondary
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) yrs mos ds. (Address) banking bell., M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
14 T	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Level Level Land Land (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds Where was disease contracted, If not at place of death? former or
1	Ca See And med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as etc., when a defiulte disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," For VIO-



B. No.

m

ż

PHYSICIANS should state OCCUPATION 19 RECORD Jo statement PERMANENT stated EXACTLY. Exact d properly classified. pe should INK-THIS AGE carefully supplied. may be UNFADING certificate. that It 80 To of Information should be DEATH in plain terms, See Instructions on back CAUSE OF Important.



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 4
NAME John W. En	St; Ward) [It death occurred In a hospital or Institution, give its NAME Instead of street and number.]
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, Surfly WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH May 23, 1914 (Month) (Day) (Year)
Jan 23, 898 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from March 5, 1914, to May 22, 1914, that I last saw h may alive on May 24, 1914
If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 9 m. The CAUSE OF DEATH * was as follows:
or Oydenan	acute Factules
Industry, shment in v mployer) Divelustive to	Contributory (Secondary) (Duration) yrs mos ds. (Duration) yrs mos ds.
John H. Ermals On Dentry) Onchester br	(Signed) , M. D. May 23, 1914 (Address) , M. D. May 23, 1914 (Address) , M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
CE ER Mary Derrofer Untry) & mlustus	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrsmosds. Stateyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or USUAI residence
4,1914 W J Cusick REGISTRAR	Black ground may 25, 1814 20 UNDERTAKEN & KIRWAN LORANO A F KIRWAN LORANO ADDRESS
If more blanks are needed, address State Registra	

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX MARRIED, Aug Write the word) 6 DATE OF BIRTH (Day) (Month) TAGE BOCCUPATION (a) Frade, protession, or (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) PARENTS 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e.g., scpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report



No.

202

RECORD

	²FUL	L NAME TO	but 6	roswa	ll Evans
		NAL AND STATISTIC	A	ARS	MEDICAL CERTIFI
3 SE	x	Acolor or RAGE	MARRIED, WIDOWED, ORDIVORCED (Write the WO	engle	16 DATE OF DEATH My-
	TE OF BIRTH	1 /	(n rate the we	nuj	HEREBY CERTIF
3		Sip.	28	1877	1914, to
		(Month)	(Day	(Year)	that I last saw h allve on
7 A C	E			It LESS than	and that death occurred on the da
(a) par (b) busi	CCUPATION Trade, protession, ticular kind of wo General nature of ness, or establis	or ail. f Industry, shment in	mos	1 day,hrs.	Yuleveuls
(a) par (b) busi white	Trade, protession, ticular kind of wo General nature of	or all	, ,		The CAUSE OF DEATH* was as for the Cause of
(a) par (b) busi white	Trade, protession, ticular kind of wo General nature of ness, or establish employed (or e	or ail rk	, ,		Contributory (Dur
(a) par (b) busi while	Trade, protession, ficular kind of wo General nature of ness, or establish employed (or extra protection of the protecti	or ail Industry, shment in Imployer) Acce Acce	, ,		Contributory Secondary (Dur (Signed) (Address)
(a) par (b) busi while	Trade, protession, ficular kind of wo General nature of ness, or establish employed (or extra protection of the protecti	or ail Industry, shment in Intry) Maryl John Ace Jer Gountry) Mar	and ovan	<u>OR</u> min.?	Contributory Secondary (Dur (Signed) (Dur (Signed) (Address) (Dur (Signed) (Dur (Signed) (Dur (Dur (Dur (Dauses, state (1) Means of In Tal, Suicidal, or Homicidal.
PARENTS (q) bat (a) bat (a)	Trade, profession, ficular kind of wo General nature of ness, or establish employed (or establish employed (or estate or country). 10 NAME OF FATHER 11 BIRTHPLA OF FATH (State of MOTH OF MOTH (State of MOTH MOTH (State of MOTH MOTH MOTH MOTH MOTH MOTH MOTH MOTH	or rk	and in Evan yland ut E. M.	or min.?	Contributory Secondary (Out (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (State the Disease Causing In Causes, state (1) Means of In Tall, Suicidal, or Homicidal. (Bength of Residents) At place of deathyrs
PARENTS (q) bat (a) bat (a)	Trade, profession, ficular kind of wo General nature of ness, or establish employed (or establish employed (or estate or country). 10 NAME OF FATHER 11 BIRTHPLA OF FATH (State of MOTH OF MOTH (State of MOTH MOTH (State of MOTH MOTH MOTH MOTH MOTH MOTH MOTH MOTH	or ail Industry, shment in mployer) Acre LER dountry) Man Acre LER dountry) Man Acre LER Manga	and in Evan yland ut E. M.	LEDGE	Contributory Secondary (Di (Signed) (Signed) (Signed) (Signed) (Signed) (Address)

1 PLACE OF DEATH

STATE OF MARYLAND OF DEATH

[It death occurred in

a hospital or Institution, give Its NAME Instead of street and number.]

OF DEATH (Day t I attended deceased from ed above, at 3 a or, in deaths from VIOLENT and (2) whether ACCIDEN-S. INSTITUTIONS, TRANSIENTS,

..... yrs. ____ ds

DATE OF BURIAL

ADDRESS

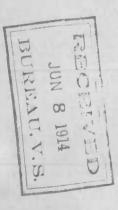
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations statement. who have no occupation whatever, been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honschold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, write None. "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaevalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PERMANENT

4

UNFADING INK-THIS

PLAINLY, WITH

WRITE

No.

vi

state Very PHYSICIANS should of OCCUPATION IS RECORD properly classified. AGE certificate. of See Instructions on back DEATH in plain terms, should of Information CAUSE OF Important. 80

10 NAME OF FATHER

14 THE ABOVE IS

(Informant)

(Address)

PARENT

15

11 BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(State or country) 12 MAIDEN NAME

TO

1 PLACE OF DEATH County-



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.119

Village or City Jeskops Jead ho (No. 16, 2FULL NAME James In Foste			St., Ward) a hospital or institution, giva its NAME instead of street and nomber.]
P	ERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	regro	SINGLE, MARRIED, WIDOWED, ORDIVDROED (Write the word)	16 DATE OF DEATH (Monyth) (Monyth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
O DATE OF	Month)	(Day (Year) If LESS than 1 day, hrs. 08 min.?	that I last saw have alive on the 2/ 1914 and that death occurred on the date stated above, at 1/33°C m The CAUSE OF DEATH* was as follows:
business, or which employe	fession, or harmonia dot work	as a hand	Contributory Hemoptops /5 must

(Signed)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGT	H OF RE	SIDENCE	(FOR H	OSPITALS,	INSTITUTIONS	, TRANSIENT
Af place				In the		
of dooth	b Pa	2000	4	04-4-		

State yrs. ___ mos. _ Where was disease contracted.

If not at place of death?

Former or osual rasidence.

ACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNBERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write Nonc. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Ibanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," For VIO-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 Is FOR UNFADING INK-THIS Ω ESERV Œ PLAINLY, WITH MARGIN WRITE

202

ż

PLACE OF DEATH 3878	STATE OF MARYLAND		
and Drolento	CERTIFICATE OF DEATH		
County	Delta No. 116		
	Registration Dist. No. // 6		
Village or City Cambridge. (No	Hospital St.; Ward) [If death occurred in a hospital or institution, give its NAME instead		
FULL NAME John Jefferson.	of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO,	16 DATE OF DEATH May 23 1914		
That who were word)	(Month) (Day (Year)		
8 DATE OF BIRTH	me 21 1914, to me 23 , 1914.		
mekeen - 1 -	h. 22.		
(Month) (Day (Year)			
7 AGE If LESS than			
alve 1 65 yrs mos ds OR min.?	THE CAUGE OF DEATH . Was as follows:		
BOCCUPATION	- Tubrica az Suber Culoses		
(a) Trade, profession, or			
particular kind of work (b) General nature of industry,			
business, or establishment in	(Duration) yrs mos ds		
which employed (or employer)			
9 BIRTHPLACE (State or country) (MKRum	Contributory Secondary (Duration) yrs mos ds		
10 NAME OF FATHER	(Signed) Bar Golds borough, M. D.		
2 11 BIRTHPLACE	May 23, 191 x. (Address) Caulndy Ma		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Highicidal.		
T 12 MAIDEN NAME OF MOTHER AND ASSAULT	TAL, SUICIDAL, OF HIGHICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
13 BIRTHPLACE OF MOTHER	At place In the		
(State or country) WRITING 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos, ds Where was disease contracted,		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?		
(Informant Sunder Selen Ma Fright Seen	Former or usual residence		
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
16	- Ficheralsburg And han 24, 1914		
Filed May 23, 1914 SEWolff	20 UNDERTAKER ADDRESS		
REGISTRAR	W. H. Willis & Pors. Campilly hid		
If more blanks are needed, address State Reg	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations statement. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, perifonaeum, etc., Carcin-

thenia," "Auaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness." "Heart failure," "Haemorrhage," "luanition," "Marusgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discuse causing death), 29 ds.; "Seuile," ctc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report



S. No. 1

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH

4870

STATE OF MARYLAND

County Dorchester	CERTIFICATE OF DEATH
Out I by General Art Francisco Constitution	Registration Dist. No. 114
Village or City Grafo (No., -	St.; Ward) [If death occurred is a hospital or lostitution, give its NAME lastead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale hears Single, widower, brighte word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw here alive on heary 17, 1914.
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 96, m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Chronic Pronchelis (Ouration) yrs. 6 mos. 18.
State or country) Dorchester loo his.	Secondary (Duration) yrs. mos. 2 f. ds.
FATHER Carriest Johnson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) M. D. May 21, 1914. (Address) *State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Bestalt Head his 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place 10 the of death yrs, mos, ds Where was disease contracted, If not at place of death?
(Interment) Garnest Johnson (Address) lerafa hed	Former or usual residence
Filed may 21 1914 W Jourich REGISTRAR	Grafo may 21, 1914 20 UNDERTAKER YS Robinson Wingate med

inks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cases, especially in industrial employments, it is necshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Groeery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcia-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURIS 11. 1. 8. JUN 5 1914

UNFADING

o

back

20

EATH in plain

of 1 DEA

Every Item CAUSE OF Important.

terms,

PARENTS

16

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

OF MOTHER - (State or country

(State or country)

PHYSICIANS shound of OCCUPATION

RECORD

PERMANENT

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. St.:....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARTED, WIDOWED. (Month) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from (Day (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above. 1 day hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State 'or country)

REGISTRAR

If more blanks are needed, address State Registryr, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death _____ yrs. ____ mos. ____ ds. State vrs. Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIAL OR REMOVAL

It death occurred in

(Year)

a hospital or institution,

give Its NAME Instead ot street and number.]

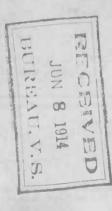
(Day

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons write None.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of 'Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless luportant. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collupse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary). 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



4 THIS INK UNFADING PLAINLY,

SICIANS should occupation is PHYSICIANS RECORD 10 PERMANENT 5 supplied. pe may certifica 0 rms. back 0 ATH in plain instructions o EATH WRITE A OF mportant. Every

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, OROIVORCED (Month (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw how (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, Chur business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 191 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ _ ds. State Where was disease contracted. KNOWLEDGE If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR K more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septiehaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vroetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastcs (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

County Worchester	CERTIFICATE OF BEATT
Village or Citylear Williams hugeo	Registration Dist. No. // C
FULL NAME Wary Elizabe	a hospital or Institution, give its NAME Instead of street and nombor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH WOULD (Month) (Day (Year)
OATE OF BIRTH (Month) (Day (Year)	that I last saw held alive on May 6, 191
7 AGE 30 yrs 2 mos 15 ds or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	FRACISA FRANCO
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 6 mas. d
9 BIRTHPLACE (State or country) Maryland,	Gontributory Secondary (Quration) yrs mos d
FATHER J. M. Yaux,	(Signed) /7 / Complete Sou, M. Pural 6, 191 + (Address) Peteral Share
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos d
(Informant) Warrie To THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?————————————————————————————————————
(Address) Williams burg, did	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed may 6th, 1914 Cohot Le Hasteres	20 UNDERTAKER STON JEDERES LING
	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e.g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Contributory." The contributory totanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beath in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT item of information should be N. B.—Every item of CAUSE OF I

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 110

 S	t.	;	W	ar	d)

[If death occurred in

VII	FULL NAME Still bitte	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J.	Lale, Color or RACE Single, MARRIED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WITTE the word)	16 DATE OF DEATH MALE (Month) (Day (Year)
6 D	ATE OF BIRTH (Moth) (Day (Year)	that I last saw halive on
TA	Still birtis ds, lit LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION) Trade, profession, or riticular kind of work) General nature of industry, siness, or establishment in	Hacerita Trains (Duration) yrs 6 mos. ds.
_	IRTHPLACE (State or country.) Ananyland	Contributory Secondary
**	10 NAME OF Warriel & Kermedy,	(Signed) 19 10 10 10 10 10 10 10 10 10 10 10 10 10
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
PA	13 BIRTHPLACE OF MOTHER (State of country) OF MOTHER OF	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the ot death yrs, mos ds.
	(Informant) Warrie T! Kennedy,	Where was disease contracted, it not at place of death? Former or usual residence
15	(Address) Milliams burg. Mid,	Warlungten Cornetory, Furbric May, 7, 191.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. The essary to know Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of For VIO-



should is OCCUPATION RECORD PERMANENT o EATH in plain D 9 Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH mobisher Registration Dist. No.//6 If death occurred inWard) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO, WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 10.20 ML m. TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death State yrs, ____ yrs. mos. ds. Where was disease contracted. If not at place of death? usual residence. BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS ambudge med

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; applies to each and every person, irrespective of agc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless Important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



AGE should be stated EXACTLY. PHYSICIANS should state roperly classified. Exact statement of OCCUPATION is very

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every Item of information should be carefully supplied. AGE should be signal CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

CAUSE OF

N.B.

1 PLACE	OF	DEATH	488
---------	----	-------	-----

County Dorchester



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist, No,
Vi	liage or City losses (No, 2 FULL NAME Losses Dic. C.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2		
3 s	ale Black (Write the word)	(Month) (Day (Year)
6 D	ate of BIRTH Lout Know	17 I HEREBY CERTIFY, That I attended deceased from 1914, to Afect 25, 1914.
	(Month) (Day (Year)	that I last saw has allye on Affect and 1914.
	Fout 64 yrs mos ds. OR min.?	and that desth occurred on the date stated above, st. 5
(a pa	CCUPATION) Trade, profession, or rticular kind of work Taken for the profession of	Cauca of the uge
bu) General nature of Industry, siness, or establishment in ich employed (or employer)	(Ouration)
9 B	(State or country) Dorchester 60	Secondary (Doration)
	10 NAME OF LOUT Know	(Signed) At Jawes , M. D.
ENTS	OF FATHER (State or country) don't Know	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF HOMICIPAL.
PAREI	of MOTHER don't Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TOLINGIANS
	13 BIRTHPLACE OF MOTHER (State or country) don't Know	At place In the of death yrs, mos ds. State yrs, mos ds
	(Informant) Alex Mc Cready	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) Crajus	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MCChecky ascas 44 / May 7
-	ed may 7, 1914 W & busich	McCready grave yard may 7, 1914 20 UNDERTAKER A J Kurwan braho
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

100

[Approved by U. S. Census and American Public Health Association.]

· For many occupations a single word or term on the gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Ex-



S. No. 1.

B.-

ż

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS See instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF Important. S PLACE OF DEATH 4886

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Crapo (No.)	St.; Ward) [if death occurred la a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Black Single, MARRIED Lingle WIDOWED Lingle (Write the WORK)	16 DATE OF DEATH May (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw hallve on, [91, [91
7 AGE If LESS than f day,hrs. ORmin. ?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. **Real Profession or particular kind of work.** **Real Profession or particular kind	Convilsions
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds
State or country)	Contributory
10 NAME OF David a. Mc Grady	(Signed) Miss Guideline deputy
VI 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF in deaths from Vivining
(State or country) 12 MAIDEN NAME OF MOTHER DOWNTHY G. Enmall	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Land a. Mc Clady	If not at place of death? Former or usual residence
(Address) Crapo, Md.	19 PLACE OF BURIAL OR REMOVAL MAY 2 1914
Filed May 1 1914 Wm. V. Curich &	20 UNDERTAKER . APORESS

REGISTRAR

M more blanks are needed, address State Registrar, 6 E. Manklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to dctermine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senilc," etc.), may be stated under the head "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BUREAU, V.S.

AGE should be stayed EXACTLY. PHYSICIANS should state roperly stassified. Exact statement of OCCUPATION is very

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH

maker

4887

STATE OF MARYLAND CERTIFICATE OF DEATH

111

	Registration Dist. No. 7.4.0
Viltage or City Campage (No,	St.; Ward) [It death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH March 1914 (Month) (Day (Year)
OATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than	that I last saw has alive on 191 4
7 AGE If LESS than 1 day,hrs. ORmin, ?	and that death occurred on the date stated above, at 4500 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) 10 NAME OF FATHER	Contributory Selvi Lighton yrs mos. ds. Contributory Selvi Lighton atip Secondary Marchael (Boration) yrs mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Record 1 Hopping	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Cambri dfa, Ind. 15 Filed May 25, 191 & EEWolff REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childblrth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN B. No. 1.

Ounty Dorchester	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 110
Village or City Sturlock (No	St; Ward) [It death occurred in a hospital or institution, give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male White Server (Write the word)	16 DATE OF DEATH Mouth (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914 1914 1914
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw hum alive on Mosty 20, 1914 and that death occurred on the date stated above, at 630 Pm.
84 yrs. 6 mos. 6 ds. 0Rmlo.?	The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Towns Particular State Towns Towns	Contributory (Secondary)
10 NAME OF FATHER James Murphy 11 BIRTHPLACE (STATHER (STATHER (STATHER) Jews, 12 MAIDEN NAME OF MOTHER CUNKNOWN)	(Signed) (Si
12 MAIDEN NAME CLUB COWN OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Mary Cand	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds.
(Informant) . The Shearer	Where was disease contracted, It not at place of death? Former or usual residence
Flied May 21 at 1814 Robert L. Hashings	Date of Burial OR REMOVAL DATE OF BURIAL Mutwood, Okeo. Sout-Kning 191 20 UNDERTAKER H William 9 hby Hurlowfr
more blanks are needed address State Darlater	OR BURNESS OF THE STATE OF THE

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the return "Laborer," If the occupation has Farmer or Planter, (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc... Carcinosis of lungs, meninges, pertionacum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "PURRPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of ___ (name origin; "Can-State cause for Examples:



PERMANENT

MARGIN

SICIANS should OCCUPATION IS PHYSICIANS RECORD Jo statement classified. pinous properly be may that 80 50 terms. plain Instructions 5 I See ins OF Important. Every It

UNFADING

WRITE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 112. Ilt death occurred in St.: Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED. (Month) ORDIVORCED (Write the word (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) &Day (Year) TAGE If LESS than and that death occurred on the date stated above, at..... 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Ducation) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME . TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) in the State yrs, mos. _____ yrs. ____ mos. ____ ds. Where was disease contracted. If not at place of death?-Former or usual residence BURIAL OR REMOVA 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Loca

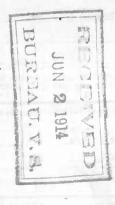
Vienna, Md.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the pisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," Bronchopncumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



rib.	
7	
n	
=	
Z	
-	
n	
_	
I,	
1	
0	
ц,	
n	
~	
1	
>	
~	
Щ.	
n e	
RESERVED	
1.1	
I I	
ì	
_	
-	
Z	
400	
O .	
MARG	
4	
4	
~	
2	

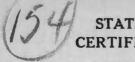
V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

PERMANENT RECORD

stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very Every Item of information should be carefully supplied. AGE should be s CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. AGE should be ż

Ounty Darchister



STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Village or City Cambridge (No. 148, Charflant St.; Ward) 2FULL NAME Grange M. Phillips Registration Dist. No. 11 and no coursed in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, Vidouse Wisowed, or Divorced (Write the word)	16 DATE OF DEATH May 18 - , 191 1/2 (Month) (Day (Year) 17. I HEREBY CERTIFY, That I attended deceased from	
Lebel 27, 1820 (Month) (Day (Year)	that I last saw h slive on May 1 91 2	
7 AGE Syrs 2 mos 2/ ds. OR min.?	and that double occurred out the date attage above, at	
a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.	
State or country) Maryland	Contributory Secondary (Duration) yrs mos ds	
10 NAME OF PENJAMAN Pullips 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) , M. D. M. L. , 191 4 (Address) , M. D. State the Disease Causing Death, or, in deaths from Violent Calses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) Manhaud 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.	
(Address) Cambridge Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	

Filed Many 19 , 191 4

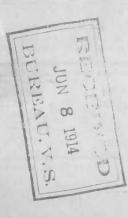
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

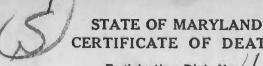
Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, perilonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy." affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), Measles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



V. S. No.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT should be stated UNFADING INK-THIS of information should be carefully supplied. DEATH in plain terms. so that it may be See instructions on back of certificate. WRITE PLAINLY, WITH N. B.-Every Item CAUSE OF Important. 1 PLACE OF DEATH



Gou	and alchest	CERTIFICATE OF	DEATH
		Registration Dist,	No.//6
Vill	age or City Cambridge (No.)	St.; Ward)	[It death occurred in a hospital or institution, give its NAME Instead ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 _{SE}	CX 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, OR DIVORCED (Write the Word) infunt	16 DATE OF DEATH JULY 2 (Month)	(Day (Year)
6 DA	ME OF BIRTH May 25 (Month) (Day (Year)	VI. M. 0	y 25 26 1914 Bow 1914
7 AG		and that death occurred on the date stated a The GAUSE OF DEATH* was as follows:	bove, at 10 Pr m
(a) par	Trade, profession, or ticular kind of work. General nature of industry,	Stile Bon	8 moule
whice series	ness, or establishment (in the amployed (or employer) RTHPLACE (State or country)	Contributory	yrs. mos. ds
	10 NAME OF Janes Dolard	(Signed) (Opration)	478 008 0s
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and	in deaths from Violent
PAR	12 MAIDEN NAME OF MOTHER GACHIL Matal	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, II	
	13 BIRTHPLACE OF MOTHER (State or country) _ Mucl	At place In the ot death yrs mos ds. State Where was disease contracted,	yrs ds
	informant) Lachel flatas	It not at place of death? Former or usual residence.	-
15	(Address) Can Viral gl md		may 24, 1914
File	1 Key 2) ,191 4 CWOLFT	40 UNDERTAKER	ADDRESS

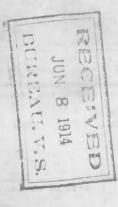
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, ctc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," gcnital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Consepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

N. B.-

1 PLACE OF DEATH

County Dorchester

4892



STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty	Registration Dist. No. 1191
VIII	1888 OF City Bishofs Head (No. 1)	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m	4 COLOR OR RACE SINGLE, MARRIED, WIOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D	May f 1914 (Month) (Day (Year)	17 I HEREBY CERTIFY. That I attended deceased from May 1914, to 1914, Aid not su that I last saw have alive on 2014.
TAC	Stillbuth 1 day, Q., hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) par (b) bus whl	CCUPATION Trade, profession, or ficular kind of work	Orenateur Berch (Duration) yrs mos ds.
9 B I	RTHPLACE (State or country) Beshof's Head hed.	Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Bishofs Heed, Med. 12 MAIDEN NAME OF MOTHER) 12 MAIDEN NAME OF MOTHER)		(Signed)
	13 BIRTHPLACE OF MOTHER (State or country) Lakewelle, h.d. HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on Recent Residents) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
16	(Address) Bishofis Head mg.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL At Home, May 8, 191. 4.
File	ed June 1, 191 4. WHH Pitchett REGISTRAR	20 UNDERTAKER ADDRESS Frather Dishon's Head my

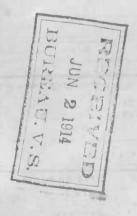
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tlon is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-cesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



N. B.-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Orohisler	CERTIFICATE OF DEATH
Village or City Hurlocky (No.	Registration Dist. No. //O
2 FULL NAME Sufaut Sampe	St; Ward) a hospital occurred give its NAME inste
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Color of RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Month) (Day) (Year)
May 15th 1914 (Mobth) (Day) (Year)	HEREBY CENTIFY That I attended deceased from 191
TAGE If LESS than 1 day, hrs. yrs. mos. 8 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Chied diff Briefo Brusses de de de la constant de l
BIRTHPLACE (State or country) Rud	Contributory (Secondary)
10 NAME OF FATHER Charles of Sampson 11 BIRTHPLACE OF FATHER (State or country) 21 21 21 21 21 21 21 21 21 2	(Signed) & Juage M. D. May 2-3°, 1914 (Address) Studock Tex.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Rachiel Pelle	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
Informant) Charles or Samplaci	Where was disease contracted, If not at place of death? Former or usual residence
Filed May 23 rd, 1914 Robert L. Hastings	PLACE OF BURIAL OR REMOVAL Plushing Cornelary May 23 1914 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar, 6 E	

CERTIFICATE OF DEATH

[Approved by L. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question statement. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coa "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichae valvular heart discase; Chronic interstitial nephritis. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma. Sarcoma. etc., of ... ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse" "Coma," "Convulsions," "Debility" ("Con cer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

County Derckerles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 1/2
Village or City Veenna GNOTA F	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remal While (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY. That I attended deceased from
DATE OF BIRTH Seft 22, 857 (Month) (Day (Year)	The 14 , 191 , to May 28 , 191 4, that I last saw har allve on May 28 , 1912f.
FOCCUPATION CONTRACTOR OF THE PROPERTY OF THE	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: Administration of Stormals
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Macyland	(Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF TASKINGTON Gemble 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) yrs mos ds. (Signed) Y M. D. May 29, 191 (Address) M. D. *tate the Disease Causing Death, or, in deaths from Violent Callses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) The above is true to the best of My knowledge	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the In the In the Interest of death yrs ds Where was disease contracted, If not at place of death?
(Informant) Fred Vellera (Address) Vienna RJ. S#	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Weima RIDAT May 30,191 V.
Filed 1 - 1914191 Edward & Laurkun Registran If more blanks are needed, address State Regist	20 UNGERTAKER Laufer Cambridge rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—learn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations ou statement of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marus "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



certificate.

back

5

instructions

Important.

'n

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH Loude of Registration Dist. No. // lit death occurred toWard) a hospital or institution, give its NAME instead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SINGLE, MARRIED MON Tous 3 SEX 4 COLOR OR RACE WIDOWED, (Month) (Day) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Day) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. OR 7 8 OCCUPATION (a) Frade, protession, or particular kind of work. (b) Geograf nature of industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 1 OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mns. ____ ds. (State or country State yrs, ____ mos. ___ Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER DDRESS REGISTRAR

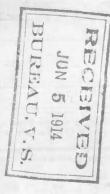
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcineral

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e.g., scpsis, tetanus) may be stated under the head of by carbolic acid—probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritia dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 de.; affection need not be stated unless important. ver" is less definite; avoid use of "Tumor" for mails Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resuiting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of esrtificate.

Village or City Falestorn



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St ;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Mary A Stanto	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOWED, WHOWED,	16 DATE OF DEATH (Month) (Day) (Year)
Hemale Attle OPENING (Write the word) B DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended decessed from 1912, to May 9, 1914, that I list saw have alloe on May 9, 1914.
7 AGE It LESS than 1 day, hrs. OR min. ?	and that desth occurred on the date stated above, at mm, The CAUSE OF DEATH* was as follows:
a) Trade, protession, or House south	I face
(b) Beneral nature of industry, business, or establishmeat in which amployed (or employar)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Dor chester Country Ma	Contributory (Secondary) (Duration) yrs mos ds.
on 11 BIRTHPLACE	(Signed), M. D. , 191 (Address) Beaford Del
State or country) or chester of MIL 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER Sallie Friffich 13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds. State yrs, mos, ds.
(Informant) & W. Slanton	Where was disease contracted, It not at place of death? Former or usoal residence.
(Address) Galestonn hd	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 11th, 1914
Filed May 10th, 1814 A Hastings	20 UNDERTAKER JUHT ASSET Tow Federalstung M.
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as eated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to thue and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of ... (name origin; "Can-State cause for Examples:



0 2 0 2	I UNFADING INK-THIS IS A PERMANENT
0	4
	2
5	-THIS
1	INK
SAIDNIE ROL CIANTER NIERAM	UNFADING
	WITH
	LAINLY, WITH

WRITE

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No... -Ward) fant It Clair statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from classified. (Day (Year) 7 AGE If LESS than AGE should properly class and that death occurred on the date atated above, at 1 day, hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work supplied. be (b) General nature of Industry, business, or establishment in may (Duration) yrs mos ds. which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 80 of back terms. PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 00 12 MAIDEN NAME plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH of death _____ yrs. ____ mos. __ Where was disease contracted, 14 THE ABOVE IS TRUE If not at place of death?. 50 Former or . Every Item CAUSE OF Important. S usual residence PLACE OF BURIAL OR REMOVAL 15 REGISTRAR

senial in

In the

State _____ yrs, ____ mos.

ADDRESS

DATE OF BURIAL

Ilf death occurred in

(Year)

a hospital or institution, give Its NAME tostead

of street and nomber.]

(Day

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sareoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



	02	a. o
)	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	of information should be carefully supplied. AGE should be stated EXACTLY. P DEATH in plain terms, so that it may be properly classified. Exact statement of See instructions on back of certificate.
	PERI	Exact
1	4	ed.
•	S	d b
	S	clas
)	Ï	ly h
	K-T	AGE
	Z	ם מ
	O	plie b
	Z	nay
	AD	ly s
	CNF	of information should be carefully sur DEATH in plain terms, so that it ma See instructions on back of certificate.
	I	500
	H	d b
	3	ern b
	>	sh,
	Z	on
	Y	In I
	PI	H
	Ш	AT
	ZIT	of DE See

CAUSE OF I

Very

YSICIANS should OCCUPATION IS

ECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... [If death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH WIDOVED, ORDIVERCED (Write the word) 1914 (Year) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH 191, to. that I last saw h alive on .. (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 10 1 day hrs. The CAUSE OF DEATH* was as follows: OR mln. ? BOCCUPATION (a) Trade, profession, or none particular kind of work. (b) General nature of industry, business, or establishment in vrs. J mos ## ds. (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER au 20, 191 4 (Address) 11 BIRTHPLACE PARENT OF FATHER (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE

At place

Former or usual residence

BEST OF MY KNOWLEDGE

OF MOTHER (State or country)

15 REGISTRAR

DATE OF BURIAL

State yrs, ____ mos.

20 UNDERTAKER

of death yrs. mos. ...

Where was disease contracted.

If not at place of death?

ADDRESS

in the

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

__ ds.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion,"



où

8 ż

RECORD

1 PLACE OF DEATH	
nty horcheste	ī

Cou



STATE OF MARYLAND CERTIFICATE OF DEATH

111

	Registration Dist, No. 12
Village or City Cambridge (No	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) &	(Month) (Day (Year) 17 I HEREBY CERTIFY That I attended deceased from
DATE OF BIRTH Aug / 1896 (Month) (Day (Year)	that I last saw h & allve on way or 191 \$
7 AGE It LESS than	and that death occurred on the date stated above, at & a., m,
17 yrs 8 mos 22 ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Suid
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duratioo) — yrs. — mos. /4 ds.
State or country) Manuland	Secondary Haame Comm +
10 NAME OF John Popler	(Signed) (Signed) yrs mos ds.
OF FATHER	3/73 ,1914 (Address) Cambridge Mil
(State or country) . / Cansas	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF LOCATION OF THE PROPERTY OF T
Q 12 MAIDEN NAME OF MOTHER ASSESSED OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the ot death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Driving & Jaken	Former or usual residence
(Address) Salisbury ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 90000	Dalshury Md July 191 4
Filed May 23, 191 Recistrar	WHULLE'S The Combine my

lf more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuanitiou," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," Measles (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion,"



Very state

PHYSICIANS should of OCCUPATION IS

Exact statement

properly classified.

pe supplied.

may

80

of Information she F DEATH in plain t See instructions or

item Every item CAUSE OF Important.

m

ż

of certificate.

on back terms.

stated

pinous

AGE

carefully that it

pinous

RECORD

PERMANENT EXACTLY.

4 pe

S

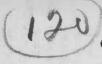
UNFADING INK-THIS

WITH pe

PLAINLY,

WRITE

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.	Ward

If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

	L CERTIFICATI	E OF DEATH	
16 DATE OF DEATH	May	21	, 191
	(Month)	(Day	(Year
	BY CERTIFY, TI	hat I attended d	eceased f
bout Nov.	191 <u>3</u> , to		191
that I last saw h	allve on about	Jon-	, 191
and that death occurred	on the date st	ated above, at	(A-
The CAUSE OF DEATH			
21 2	0		
Chronic neps	lintis , V.	elor Hen	+ Done
	***************************************		**********
**************************************	***************************************	1 March 5	***************
4************************************	(Duration)	lufur >	mos
Contributory			
Secondary			
***************************************	(Duration))yrs	mos
(Signed)	Section (Duration)	algh	
On - 3		1	9
my 22,1914	(Address) Da	and of	" Hu
			from Viol
*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, OF HOS	CAUSING DEATH EANS OF INJURY MICIDAL.	; and (2) when	ther Acci
18 LENGTH OF RESIDE	NCE (FOR HOSPIT		
18 LENGTH OF RESIDE OR RECENT RESIDENTS	NCE (FOR HOSPIT	TALS, INSTITUTION	
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place	NCE (FOR HOSPIT	TALS, INSTITUTION	s, Transie
18 LENGTH OF RESIDE OR RECENT RESIDENTS	NCE (FOR HOSPIT) In 1 0sds. St	TALS, INSTITUTION	s, Transie
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs	NCE (FOR HOSPIT In 1 0s ds. St	the ate yrs,	s, Transie
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs	NCE (FOR HOSPIT) In the second	the ate yrs,	s, Transie
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death	NCE (FOR HOSPIT) In 1 Is ds. St	the ate yrs,	s, Transie
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs	NCE (FOR HOSPIT) In 1 Is ds. St	the ate yrs,	. Mos.
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death	NCE (FOR HOSPIT) IN 1	the ate yrs,	BURIAL
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death	NCE (FOR HOSPIT) IN 1	DATE OF	BURIAL
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death	NCE (FOR HOSPIT) IN 1	the ate yrs,	BURIAL

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, oner ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Ye TAGE If LESS 1 day ... mos. OR BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 15 REGISTR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

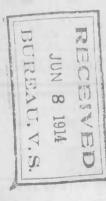
No. τά

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer additional live is provided for the latter statement; applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 4901	(61) STATE OF MARYLAND
County Double stee	CERTIFICATE OF DEATH
A	Registration Dist. No. 117
Village or City thursh tel	St.; Ward) [If death occurred in a hospital or institution,
* FULL NAME Jolin Ofes	ley Harters give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVERCED	16 DATE OF DEATH May 20 191 (Month) (Day) (Year)
Male Gol (Write the word)	17 I HEREBY CERTIES, That I attended deceased from
B DATE OF BIRTH Pull 30 1912	May 18, 191 4, to May 25, 1914.
(Month (Day) (Year)	that I last saw hass alive on May 18 , 1914.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
7 mos. 20 ds. OR min. ?	The GAUSE OF DEATH* was as follows:
BOCCUPATION	Thurst men gulls
(a) Trade, profession, or parlicular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Gontributory (Secondary) (Ouration) yre mos ds.
10 NAME OF John Waiters	(Signed) Costally , M. D.
of FATHER (State or country) Hary land	*State the DISPASSE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Melving Baile	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Address) Woolfoul	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
Filed Jun 2 , 1914 John R Jules	20 UNDERTAKER ADDIESS
REGISTRAS	nell Kulardery Hureftreet
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Hart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Putereral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) by carbolic acid—probably suicide. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," _ (name origin; "Can-The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V.S.

Y. B. No. 1.

N.B.

RECORD

PLACE OF DEATH 430%	STATE OF MARYLAND
L-IT.	CERTIFICATE OF DEATH
County	A. I. I.
1	Registered No.
Village or City, Lecrelary (No.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead
R - l - l	Wheatler et street and number.]
FULL NAME BOEBOT ak	······································
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruale White (Write the word)	16 DATE OF DEATH May 2 3 (Month) (Day) (Year)
GDATE OF BIATH July 25 1844	May 2 3, 1914, to May 23, 1914.
(Month) (Day) (Year)	that I last saw her alive on May 2 3, 1914
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 11,90 m.
69 yrs. 9 mos. 28 ds. 02min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or work	
particular kind of work.	•
(b) General nature of Industry,	37.
business, or establishment in which employed (or employer)	(Ouration) yrs. mos 3745
9 BIRTHPLACE (State or country) Mary land	Contributory (Secondary)
10 NAME OF THE TO A	(Ouration) yrs mcs ds.
FATHER Martin Corks an	(Signed) & dword & Josus, M. D.
11 BIRTHPLACE OF FATHER (State or country) M.	*State the DISBASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country) Md. 2 MAIDEN NAME Morganite Cortoran	TAL, SUICIDAL, OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
Gens. Muchhy	If not at place of death?
(Informant)	usual residence
(Address) & and New Montal Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	6. n. maket med May 2 5 1914
	20 U DERTAKER ADDRESS
Filed. 191 Registrar	NOT William 16. nm mes mo
negotran 4	I V V V V V V V V V V V V V V V V V V V

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

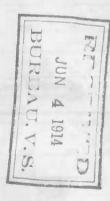


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. naterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

"Contributory." which surgical operation was undertaken. For vromia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichacture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Can-State cause for Never report



S. No. 1.

ż

	state	1
	I. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	-
^	NS S!	
ORI	SICIA	
REC	PHY	
ENT	TLY.	
AAN	EXAC	
PER	Exact	•
A	be sta	
SIS	ould	
THIS	E sh	
NX	Prop	
1 07	pplied by be	
ADI	it ma	
UNF	that certifi	
H	be c x of	
. WI	terms terms	
INLY	ons o	
PLA	H In	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	f Info	
WR	OF I	
	Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.	
	CA I'm	
	-	

1 PLACE OF DEATH

2FULL NAME

PERSONAL AND STATIST

Village or City...

6 DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

particular kind of work. (b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

OF FATHER (State or country)

13 BIRTHPLACE OF MOTHER (State or country)

12 MAIDEN NAME OF MOTHER

14 THE ABOVE IS TRUE TO

which employed (or employer)

3 SEX

TAGE

PARENT

15

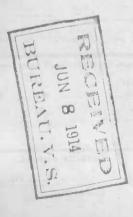
cordeath 4903	38 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 1/6
Cambalga (No. ,)	St.; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIEO, WOOWED, John Street OR ONVORCEO (Write the word) 1891 (Month) (Day (Year) 11 LESS than 1 day, hrs. OR min.?	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Year) 18 191 4 that I last saw h alive on Aun 13 191 and that death occurred on the date stated above, at 11. 40 A in. The CAUSE OF DEATH* was as follows:
ndustry, ment in ployer)	(Burt 4/1 km, magnet) (Burtion) yrs. mos. ds. Contributory Secondary
Jas-Stewart Recountry) AME ER T T T T T T T T T T T T T	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted, If not at place of death?
,1914 SEWelf REGISTRAR If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL Cordiovander Long May 4, 1914 20 UNDERTAKER ADDRESS Trans. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakuess," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



15

	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
V. S. No. 1.		S.—Every CAUS Import
4.		z

	1 PLACE OF DEATH 4904 unty Strokester lage or City Cambridge (No. Cambridge) 2 FULL NAME Defaut Who	give its NAME Instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 A	yrs mos ds 0x 30 min, ?	that I last saw he alive on long 13 1914 and that death occurred on the date stated above, at 2-3.0 m The CAUSE OF DEATH* was as follows:
(a pa (b) bus	OCCUPATION) Trade, profession, or riticular kind of work) General nature of indostry, siness, or establishment in ich employed (or employer)	(Duration) yrs. mos. ds
	State or country) Ind.	Contributory Secondary (Doration) yrs mos ds (Signed) Ell ell , M. D
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MA	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds.
	(Informant) Earnest Wheatler	Where was disease contracted, If not at place of death? Former or

PLACE OF BURIAL OR REMOVAL

Say 13 19 ADDRESS Cambridge hed,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ERWA

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise speci-Groecry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatie), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viodent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"

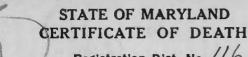


vi

m ż

AGE should be stated EXACTLY. PHYSICIANS Should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important. S

1 PLACE OF DEATH	4905
PLACE OF DEATH	~
llage or City Cambrie	lge (No



Registration Dist. No. 116

....Ward) St.;....

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May 24, 1914 (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from
8 DA	ATE OF BIRTH	, 191, to
	(Month) (Day (Year)	that I last saw had alive on 22, 191 by
TAG	If LESS than 1 day,	and that death occurred on the date stated above, at 6.450,m, The CAUSE OF DEATH* was as follows:
(a) par	Trade, profession, or ticular kind of work. General nature of industry,	Pelore absens Tuenepotal
	iness, or establishment in ch employer)	(Duration)yrsmos./44ds.
9 BI	RTHPLACE (State or country) Many Land	Secondary (Owation) yrs mos ds.
	10 NAME OF FATHER Don't Know	(Signed) It Tricolo , M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Don't Know	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PAR	of MOTHER Don't / Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Dont / know	At place in the ot death yrs. mos. ds. State yrs, mos. ds
14 T	(Informant) #4. Mich	Where was disease contracted, If not at place of death? Former or usual residence.
15	· (Address) & n. market md	Secondo Fud. Bray 15 191.64
FII	80 Juny 24, 191 4 ESWalgy REGISTRAR	20 UNDERTAKER ADDRESS Who millio van Cambridge

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

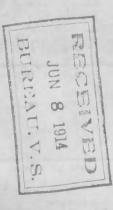
Ida M. Willen

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal medingitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puebperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," ctc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report



0 2 0 2 0 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0	DEDMAN
0	4
	THIS
Ш	XX
RESERVED FOR	INFADING INK THIS IS A DEBMAN
MARGIN	HTIM
MA	DI AINI V
	G

state Very

SICIANS should

Exact

properly

that it mi

ō terms, in back

ATH in plain

of inform DEATH

OF

Every

important.

WRITE

υĝ

RECORD

FNI

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Sorolester Registration Dist. No. //6 Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, UL (Dav Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Dav and that death occurred on the date stated above. at frut 7 AGE If LESS than day, hrs. The CAUSE OF DEATH * was as follows:mln. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE 191 (Addrass) OF FATHER *State the DISEASE CAUSINO DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death State _____ yrs. ____ mes. ___ Where was diseasa contracted. If not at placa of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 16 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speci who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tiou is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequeuces (e. g., childbirth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of....... (name origin; "Cancause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

of information should be carefully su DEATH in plain terms, so that it m. See instructions on back of certificate.

-Every item of CAUSE OF I

N. B.

RECORD

PLACE OF DEATH 490%

County Dorchestu



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 16

Village or City Hicksburg - (No,

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Sofont four	2
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH Month (Day (Year)
8 DATE OF BIRTH May 13, 1914 (Mooth) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Not all all 191 to 191 that I last saw h alive on 191
Stilf- born ds. ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	Still - brou - (Ouration) yrs. mos. ds.
which employed (or employer) **BIRTHPLACE** (State or country) **State** **Country** **Count	Contributory Secondary (Doration) yrs mos ds
10 NAME OF FATHER HOWARD Young. 11 BIRTHPLACE OF FATHER (State or country) M	(Signed) Ellieff L. R. M. D. Sewy 13, 1914 (Address) Carula 292, Ind
12 MAIDEN NAME OF MOTHER Physica Wilson 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) At place
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death
(Address) Cambridge, R. F. S. #2 15 Filed Jan, 13, 1914 ESWelf	19 PLACE OF BURIAL OR REMOVAL The Porice Frame for Co. Mrs. Dury 14, 1914. 20 UNDERTAKER. ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, pcritonaeum, etc., Carvin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canample: Measles (disease causing death), 29 ds.; LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichue cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-

